

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
 Solco Healthcare US, LLC
 700 Atrium Dr.
 Somerset, NJ 08873-4107

Solco Healthcare US, LLC
 Attn: Hai Wang, President
 700 Atrium Dr. Suite A
 Somerset, NJ 08873

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Solco Healthcare US, LLC
 Attn: Hai Wang, President
 700 Atrium Dr. Suite A
 Somerset, NJ 08873

American Incorporators Ltd,
 R/A for Solco Healthcare US, LLC
 1013 Centre Raod, Suite 403-A
 Wilmington, DE 19805

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date	<u>February 4, 2022</u>	Signature	<u>/s/ Gini L. Downing</u>
Print Name:			<u>Gini L. Downing</u> <u>Pachulski Stang Ziehl & Jones LLP</u> <u>10100 Santa Monica Blvd.</u> <u>13th Floor</u>
Business Address:			<u>Los Angeles, CA 90067</u>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Solco Healthcare US, LLC
Attn: Hai Wang, President
700 Atrium Dr. Suite A
Somerset, NJ 08873



9590 9402 3367 7227 2904 20

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6749

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RT / 25 / CLP

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Solco Health

C. Date of Delivery

2/7/22

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

American Incorporators Ltd,
R/A for Solco Healthcare US, LLC
1013 Centre Road, Suite 403-A
Wilmington, DE 19805



9590 9402 3367 7227 2904 37

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6756

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Heather Howu

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt